



Application for Additional Section 5 Plates



Commonwealth of Massachusetts
Registry of Motor Vehicles
PO Box 55897
Boston, MA 02205-5897
Section Five Department
617-351-9272

Corporation / Trade Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Registration Type: _____ Registration Number: _____

Number of Plates Requested: _____

Reason for Request: _____

Current Number of Employees: _____

Names of Employees: _____

Total Number of Vehicles Sold in the Last 12 Months: _____

I affirm that all statements are true to the best of my knowledge and belief.

Authorizing Signature: _____ Date: _____

Print Name: _____ Title: _____

**False statements are punishable by fine, imprisonment or both.
(General Laws Ch. 90, Sec. 24)**

RMV USE ONLY

Clerk Initials: _____ Date: _____

Registrar Stamp: